



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/517,237
Filing Date	with an effective filing date of July 5, 2003
First Named Inventor	Gerhard GUMPOЛЬTSBERGER
Group Art Unit	3681
Examiner Name	Dirk WRIGHT
Total No. of Pages in this Submission: 17	Attorney Docket Number ZAHFRI P688US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (2) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fee attached 	<input type="checkbox"/> Assignment papers (for an Application) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Drawings (2) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund 	<input type="checkbox"/> After Allowance Communication to Group <ul style="list-style-type: none"> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Response <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) 		<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <ul style="list-style-type: none"> Postcard Submission of Proposed Dwg Amend
<input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <ul style="list-style-type: none"> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 		

REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Scott A. DANIELS DAVIS & BUJOLD, P.L.L.C.	Reg. No. 42,462 CUSTOMER NO. 020210
Signature		
Date	December 11, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 11, 2006.

Type or printed name	Scott A. DANIELS
Signature	
Date: December 11, 2006 (lfb)	

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 Effective on 12/08/2004. <i>See pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
DEC 13 2006 FEE TRANSMITTAL For FY 2006		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/517,237 w/effective filing date of 7-05-03 Gerhard GUMPOЛЬTSBERGER Dirk WRIGHT 3681
<input type="checkbox"/> <i>Attorney claims small entity status. See 37 CFR 1.27</i>		Attorney Docket No. ZAHFRI P688US	
TOTAL AMOUNT OF PAYMENT: \$450			

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account **Deposit Account Number** 04-0213 **Deposit Account Name:** DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP =	x	=				

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)	Fees Paid (\$)
2-month Extension of Term (LARGE)	<u>\$450</u>

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature			Telephone (603) 226-7490
Name (Print/Type)	Scott A. DANIELS	Registration No. (Atty/Agent) 42,462	Date: December 11, 2006